The Spalding Town Husbands

Wool Hall Farm, Wykeham, Spalding, Lincolnshire PE12 6HW

APPLICATION FORM FOR AN ALMSHOUSE

This completed form to be forwarded to the Charity Administrator, Samantha Tweddell, to the above address or via email at admin@sthusbands.org

The information contained in this application form will be provided to the Charity in confidence and will not be disclosed to anyone other than the Clerk and Trustees.

Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to your appointment being set aside at some time in the future and you having to leave the almshouse.

Application for Almshouse at ……

1. **PERSONAL DETAILS**	
Applicant 1 Name	*Applicant 2* Name
Any former names	Any former names
Address & Postcode	Address & Postcode
Date of Birth Age National Insurance No.	Date of Birth Age National Insurance No.
Tel No's Home – Mobile – Email -	Tel No's Home – Mobile - Email -
Married/Widowed/Single/ Divorced/Separated	Married/Widowed/Single/ Divorced/Separated
Length of time at this address	Length of time at this address
Length of time in South Holland District	Length of time in South Holland District

Past/present occupation	Past/present occupation

2. NEXT OF KIN	
Please provide details of your next of Kin	
Name Address Tel No. Relationship Are they able to assist in an emergency YES/ NO	Name Address Tel No. Relationship Are they able to assist in an emergency YES/ NO

3. FINANCIAL INFORMATION **INCOME**			
To enable the Trustees to assess your application please provide the following information.			
		AMOUNT PER WEEK	
		Applicant 1	*Applicant 2*
Earnings	Take Home Pay		
Pensions	State Retirement Pension Private Pension Pension credit Any other Pension annuity		
Benefits Please give details	1. 2. 3.		
Other Please give details Eg. Interest on savings/ dividends			
	TOTAL PER WEEK		

4. SAVINGS AND CAPITAL
Please give current balances

	Applicant 1 £	*Applicant 2* £
Bank Accounts		
Building Society Accounts		
Post Office Accounts		
National Savings Certificates/bonds/ premium bonds		
Redundancy Payment (if in last 12 months)		
Cash		
Any other capital – give details		
Stocks/shares/unit trust – please give details		
TOTAL	£	£

5.a PROPERTY	
Please confirm if the property in which you live is - Owned / Rented / Council Housing / Housing Association	
If rented please give Landlords details. We may contact the Landlord for a reference.	
Name Address Is the Landlord related to you YES / NO	
If you, or your partner own the property you currently live in or any other property give details below.	
Address Value £ Outstanding mortgage £	Address Value £ Outstanding mortgage £
Please give a simple description of the property (whether owned or rented)	Please give a simple description of the property (whether owned or rented)
Please note that the Trustees may require evidence of valuation.	
5.b VEHICLE	
Do you own a car and if so please confirm the make, registration and approx. value	
5.c PETS Do you own any pets, if so, give details	

6. OUTGOINGS

	Amount per week £
Rent	
Mortgage payments	
Council tax	
Water charge	
Ground rent / service charge	
Insurance	
Gas / Electricity / other Fuel	
Phone / mobile	
Food	
TV Licence	
Regular saving/pension	
Maintenance payments	
Hire purchase or other finance	
Travelling expenses	
Clothing	
Prescription / health costs	
Other – please specify	
TOTAL OUTGOINGS	

7. DEBTS	
Please detail any debts outstanding. How much and how often are you paying off these debts?	
Details Amount outstanding £	Details Amount outstanding £

8. REASONS FOR APPLICATION
Why do you wish to leave your present accommodation and live in an Almshouse? Are there any health or social factors that you would wish the Trustees to take into consideration when assessing your application? Please state if there are specific medical reasons you wish to have considered.
Please continue on the back sheet if required ..

9. REFERENCES

Names and addresses of 2 persons from whom references can be obtained if required. By providing details below you are giving permission for us to contact these persons for references.

Name Address Relationship to you	Name Address Relationship to you

10. CRIMINAL CONVICTIONS

Our governing instrument states that residents should be of good character and so we need to ask if you have any criminal convictions. A conviction will not automatically exclude you from being considered as an applicant but Trustees need to be fully aware of your circumstances. Do you have any criminal convictions which are not spent under the Rehabilitation of Offenders Act 1974.

YES / NO

If yes, please supply details.

11. CERTIFICATION

I certify that the details above are correct to the best of my knowledge and belief and that this application is submitted in good faith. I confirm that I am able to live independently, with the assistance of family and social services if necessary. I accept that if I am appointed as a resident, I shall not be a tenant. Any weekly sum I pay will be a maintenance contribution and not a rent.

<u>Data Protection Statement</u>: it is part of the Trustees' responsibilities to ensure that applicants are suitably qualified under the terms of the charity's governing instrument. Trustees need to investigate the personal circumstances of applicants. The personal data supplied on this form, and other information we obtain relating to you, will be held on hard copy and electronic files at Spalding Town Husbands, Wool Hall Farm, Wykeham, Spalding, Lincs PE12 6HW. Your data may be shared with outside organisations for the purpose of verifying the information supplied and fulfilling grants made to you but will not be disclosed for any inappropriate purpose. You may request information about the data we hold about you. Please ask for a copy of our Data Access Request policy.

I consent to the processing of my personal information provided by me to The Spalding Town Husbands, the storage of it as per their Data Protection Policy and to the disclosure of this information to the Trustees of the Charity and to third parties as they deem appropriate.

Applicant 1

Signed .....

Applicant 2

Signed .....

If you have been assisted in the completion of this form, your representative must make the above declaration on your behalf.

Signed (Representative) .....

Print Full Name .....

Dated .....

Please include any additional information you wish the Trustees to consider